

Eligibility & Requirements
(continued)

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ARIZONA
DEPARTMENT OF
HEALTH SERVICES
OFFICE OF VITAL
RECORDS

**How to Apply for an
Arizona Fetal Death
Certificate**

**How to Apply for an
Arizona Certificate of Birth
Resulting in Stillbirth**

ARIZONA DEPARTMENT OF
HEALTH SERVICES
OFFICE OF VITAL RECORDS

Street Address:

1818 West Adams
Phoenix, AZ 85007

Mailing address:

P.O. Box 3887
Phoenix, AZ 85030

Phone:

(602) 364-1300

Website:

www.azdhs.gov/vitalrcd

How to Apply for an Arizona Fetal Death Certificate

A Fetal Death Certificate is filed whenever a fetus dies before birth and the fetus is more than 20 weeks in gestational age or if the fetus weighs more than 350 grams.

Eligibility & Requirements

Only persons 18 years of age or older may obtain a certified copy of a fetal death certificate. In addition, only the parents of a fetus or another person authorized by one of the parents may obtain a certified copy of a fetal death certificate.

If you are not the parents of the fetus, you must provide written authorization from one or both of the parents and a valid government issued picture I.D. in order to obtain a certified copy of the fetal death certificate.

How to Apply

- 1) The fee for a certified copy of a fetal death certificate or a certificate of birth resulting in stillbirth is \$10.00 per certified copy.
- 2) **In Person** - The Office of Vital Records is located at 1818 W. Adams, Phoenix, AZ. The hours of operation are from 8:00 am to 5:00 pm Monday – Friday. However you must arrive prior to 4:00 pm to receive a number to be served. Free parking for customers is located on the first floor of the parking garage on Monroe and 18th Avenue. Same day service is not available for requests for fetal death certificates or certificates of birth resulting in stillbirth. The certificate will be mailed within 7- 10 days. You must bring with you a valid government

Issued picture ID with your signature, such as a driver's license. If you are not the parent, you must bring written authorization from one or both of the parents .

2) **By Mail** - Mail your request with your signature notarized or include a copy of your valid government issued picture identification, which includes your signature and a money order in the amount of \$10.00 per copy. If you are not the parent, you must include written authorization from one or both of the parents .

Mail your request to Office of Vital Records,
P.O. Box 3887, Phoenix, AZ 85030.

3) **By Internet/Fax** - Information for expedited services may be obtained on the Internet at: www.vitalchek.com or you may call 1-800-255-2414. This service is provided for **credit card purchases only**. The fee for expedited services is \$27.00 returned federal express in addition to the cost of the certificate.

4) **In addition**, you may, in some cases obtain certified copies of fetal death certificates at the county health department, in the county where the death occurred, for fetal deaths that occurred within the last 30 days. Contact your local county health department or the State Office of Vital Records for more information.

Only persons 18 years of age or older may obtain a certified copy of either a Fetal Death Certificate or Certificate of Birth Resulting in Stillbirth.

Arizona Vital Records has fetal death records **ONLY** for fetal deaths that occurred in Arizona. If you need a certified copy of a fetal death certificate from another state, you must contact that state's vital records office.

How to Apply for an Arizona Certificate of Birth Resulting in Stillbirth

In 2001, the Arizona State Legislature established a new certificate entitled "Certificate of Birth Resulting in Stillbirth". Certified copies of a Certificate of Birth Resulting in Stillbirth cost \$10.00 each and can be requested in person, by mail, or Fax as indicated under "How to Apply" in this brochure.

How to Apply

An incomplete application will delay the processing of your request. A complete application, whether applying in person or by mail or Fax must have all of the following information:

- > The name of the stillborn if named
- > The date of birth resulting in stillbirth
- > The place of birth resulting in stillbirth (hospital or residence & city or town & county)
- > The name of the hospital or facility
- > The maiden name of the mother
- > The full name of the father
- > The number of certified copies being requested
- > A complete mailing address where you want us to mail the certified copies.
- > A daytime telephone number where we can reach you if there is a problem.
- > Your signature (Notarized when applying by mail)

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